

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS692IMR	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2009
NAME OF PROVIDER OR SUPPLIER DANVILLE SERVICES OF NEVADA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7095 CAMERON LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
W 000	<p>INITIAL COMMENTS</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as the result of a State licensure complaint survey conducted at your facility on May 19, 2009 and finalized on June 3, 2009.</p> <p>The survey was conducted using Nevada Administrative Code (NAC)) 449, Intermediate Care Facilities.</p> <p>Complaint #NV00020907 was substantiated. See Tags W 117 and W 159.</p>	W 000		
W 117 SS=D	<p>449.704 ADMISSION; TRANSFER; DISCHARGE</p> <p>Section 35</p> <p>1. A facility must have written policies and procedures available to the members of the staff, residents and the public which govern all area of services provided by the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of a nursing policy and procedure for the re-insertion of a gastrotomy tube.</p> <p>Findings include:</p> <p>A copy of the facility's policy and procedure for reinserting a gastrostomy tube was requested on 6/2/09 and 6/3/09. The facility failed to provide</p>	W 117		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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W 117	Continued From page 1 evidence of a policy and procedure. Cross reference Tag W 159 Severity 2 Scope 1	W 117			
W 159 SS=D	449.719 HEALTH SERVICES 5. Nursing services, including restorative nursing, must be provided in accordance with the needs of the residents. This Regulation is not met as evidenced by: Based on Center for Disease Control hand hygiene recommendations, interviews and record review, the facility failed to provide nursing services in accordance with the needs of a resident. (Client #1) Findings include: According to the Center for Disease Control's "Guideline for Hand Hygiene in Health-Care Settings" under its recommendations for handwashing and hand antisepsis, health care workers are advised to "decontaminate hands before having direct contact with patients" and "before inserting...other invasive devices that do not require a surgical procedure," such as a gastrostomy tube [October 25, 2002]. At 10:30 AM on 5/19/09, a school employee indicated that the facility's nurse came to the school to reinsert Client #1's gastrostomy tube on 2/03/09. The school employee reported that the facility's nurse reinserted the gastrostomy tube without her washing hands or wearing gloves. At 1:30 PM on 5/19/09, the facility's nurse acknowledged that she failed to her wash hands	W 159			

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W 159	<p>Continued From page 2</p> <p>when reinserting Client #1's gastrostomy tube.</p> <p>Review of the school's accident reports, revealed that two school employees reported that the facility's nurse failed to wash her hands and wear gloves when reinserting Client #1's gastrostomy tube.</p> <p>Attempts on 6/2/09 and 6/03/09, to obtain a policy/procedure regarding gastrostomy tube reinsertion from the facility were unsuccessful.</p> <p>Severity 2 Scope 1</p>	W 159			

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